

August 5, 2014

**To:** NITC Commissioners  
**From:** Anne Byers  
**Subject:** eHealth Council Update

### **Health Information Exchange Updates**

**NeHII.** NeHII held their annual meeting on August 7 in Omaha. Over 100 stakeholders attended. At the meeting NeHII announced that Direct secure messaging will now be available.

**E-Prescribing.** E-prescribing in Nebraska continues to grow. Nebraska ranks 13th in e-prescribing according to Surescripts' 2013 report, moving up from 17th the previous year. 82% of physicians in Nebraska e-prescribe, compared to 73% nationally. Nebraska has moved up in the rankings every year since Surescripts started ranking states approximately five years ago.

Nebraska Methodist Health System has piloted e-prescribing of controlled substances with 11 prescribers and plans to add more in the following weeks. So far, feedback has been mainly positive. Methodist is likely the first health system or physician practice to start e-prescribing controlled substances in Nebraska. They are definitely helping to pave the way for other health systems.

**eBHIN.** On August 6, eBHIN notified the Office of the CIO/NITC that they were sunseting their health information exchange functionality and transitioning their services supported by electronic health record functionality to Heartland Community Health Services. This highlights that sustainability remains an issue for health information exchanges.

### **State HIE Evaluation**

A team of evaluators from UNMC completed their evaluation of the State Health Information Exchange Cooperative Agreement. The evaluation was designed to assess the impact of health information exchange in Nebraska. Unfortunately, adoption of health information exchange was slower than anticipated, necessitating some adjustments to our evaluation plan. Lessons learned include:

- Incomplete information is a barrier for HIE utilization.
- There must be efficient workflow integration for the health information exchange to be useful for providers.
- Education and training are necessary to demonstrate the utility of health information exchange.
- Privacy and confidentiality in sharing medical information are major barriers.

The evaluation consisted of several studies.

**Provider Adoption.** Providers were surveyed on their use of health information exchange. Of the 100 providers currently using NeHIE, 63% indicated satisfaction with NeHIE. Accessing a comprehensive patient medication list was identified as the most important feature of the HIE (N=422, 69%).

**Consumer Awareness.** Eight focus groups were conducted in seven towns and cities across Nebraska. Participants identified the following positive impacts of health information exchange: accuracy and completeness of information, improved communication, coordination and access to information between health care providers. Concerns included privacy and security of medical information, decreases in quality of care, inconsistent provider participation, and potential cost.

**E-Prescribing Discrepancies.** Researchers looked at discrepancies between what a physician intended to prescribe, what was entered into the electronic health record and e-prescribed, and what was actually dispensed by the pharmacies. The overall discrepancy rate was relatively low. Differences in directions for administration was the most common type of discrepancy identified.

**Value of HIE in Emergency Department/Use of the Prescription Drug Monitoring Program.** Seventeen providers from three emergency departments were surveyed on their use of NeHIE's Prescription Drug Monitoring functionality. Only five physicians completed the surveys. The study revealed low levels of utilization. NeHIE is making efforts to reach out to participants and provide additional training.

The report is included in the meeting materials.

### **ONC 10 Year Interoperability Vision**

ONC released a document outlining their vision for interoperability. The agendas set for 3, 6 and 10 years show the progression ONC envisions:

- Three-Year Agenda: Send, Receive, Find and Use Health Information to Improve Health Care Quality
- Six-Year Agenda: Use Information to Improve Health Care Quality and Lower Cost
- 10-Year Agenda: The Learning Health System.

The document is available at

<http://healthit.gov/sites/default/files/ONC10yearInteroperabilityConceptPaper.pdf>.

ONC is forming work groups to get feedback from the states on interoperability issues.